

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000063579
FILED 8:00 AM
March 25, 2016
Sec. Of State
lyarbrough

Article I

The name of the Limited Liability Company is:

DR. SEIFERT'S CLINICS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

393 CENTERPOINTE CIRCLE
SUITE 1483
ALTAMONTE SPRINGS, FL. 32701

The mailing address of the Limited Liability Company is:

393 CENTERPOINTE CIRCLE
SUITE 1483
ALTAMONTE SPRINGS, FL. 32701

Article III

The name and Florida street address of the registered agent is:

WALTER SEIFERT
393 CENTERPOINTE CIRCLE
SUITE 1483
ALTAMONTE SPRINGS, FL. 32701

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: WALTER SEIFERT

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: MGR
WALTER SEIFERT
393 CENTERPOINTE CIRCLE SUITE 1483
ALTAMONTE SPRINGS, FL. 32701

Title: MGR
SONIA RAMIREZ-SEIFERT
393 CENTERPOINTE CIRCLE SUITE 1483
ALTAMONTE SPRINGS, FL. 32701

Signature of member or an authorized representative

Electronic Signature: WALTER SEIFERT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L16 000063579

AFFIDAVIT

The State of Florida)
) S.S. --
County of Seminole)

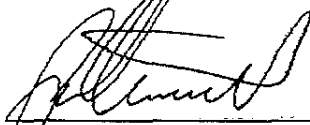
I, Dr. Walter L. Seifert, of Altamonte Springs, Florida, MAKE OATH AND SAY THAT:

1. Dr. Seifert's Clinic, LLC is providing to the Department of State with a notarized affidavit stating that we do Not or will Not have any intention of reinstating the name of Dr. Seifert's Clinic LLC, therefore, releasing the name for use to another entity.



2. The new name is Dr. Seifert's Clinics, LLC. This name is different than the original, because it has an S at the end of clinic. The original one is in singular and the new one is in plural. We do not have any interest in using or reinstating the old one. If anyone has any question or concerns, please feel free to contact us at 321-280-3949. Thank you.

SUBSCRIBED AND SWORN TO)
BEFORE ME, on the)
1st day of April, 2016)



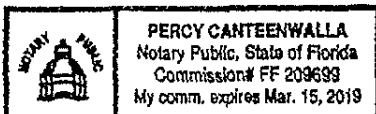
NOTARY PUBLIC

My Commission expires: 03/15/2019)



Dr. Walter L. Seifert

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